

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Fletcher

Mailing Address 2507 Aztec Dr

City

Austin

State

TX

Zip Code

78703-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803272

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Goldblatt

Mailing Address PO Box 4099

City

Austin

State

TX

Zip Code

78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803273

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Gray

Mailing Address 3007 Stratford Dr

City

Austin

State

TX

Zip Code

78746-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803274

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)